



Prairie Diagnostic Services Inc.
www.pdsinc.ca
52 Campus Drive
Saskatoon, SK, S7N 5B4
TEL: (306) 966-7316
FAX: (306) 966-2488

Date/Time (RECEIVED) _____

PDS Lab # _____

AVIAN SUBMISSION FORM

Invoice to Clinic/Submitter:		Owner/Farm Name:	
Address:		Flock Location:	
Postal Code:	Phone:	Animal ID:	Barn ID:
Veterinarian: <small>Print name</small>	Fax:	Species: AVIAN	Breed:
Email:	Sex: _____		Age: _____ Days or _____ Weeks
Copy to:	<input type="checkbox"/> STAT (fees apply)		<input type="checkbox"/> Rabies Suspect
		<input type="checkbox"/> Legal Case	<input type="checkbox"/> Insurance Case
		Date Collected: _____	

Reason For Submission

Diagnostic
 Research
 Surveillance
 Routine Monitoring

Samples	Sent	Received <small>Office use only</small>
On cells		
EDTA		
Serum		
Fluid		
Slides		
Swab		
Fixed Tissues		
Fresh Tissues		
Paraffin Block		
Whole Animal		
Other _____		

History: _____

Special Project Name: (if applicable): _____

Previous submission #: _____

Submitters Signature: _____

Flock size: _____
 % sick: _____
 % dead: _____
 Date disease first noticed: _____

★★ NATIONAL SURVEILLANCE ★★
 Please complete this section

★★ Production Stage ★★

Egg
 Cockerels
 Pullet
 Chicks
 Broiler
 Broiler breeder
 Adult
 Hen
 Rooster

★★ Primary Systems Affected ★★

Abortion/Stillbirth
 Cardiovascular
 Gastrointestinal
 Integument (skin)
 Mammary
 Musculoskeletal
 Neurological
 Reproductive
 Respiratory
 Sudden/Unexplained death
 Unthriftiness/Anorexia/Poor Production
 Urinary
 Whole body/Multisystem
 Non disease
 Other

Chemistry

Avian standard Panel
 Avian mini panel
 Avian mini panel plus
 Single chemistry: _____
 Other: _____

Hematology

CBC
 Blood smear evaluation
 Other: _____

Cytology

Fluid(s) Smear(s)
 Other _____

List Sites:

1) _____ 2) _____
 3) _____ 4) _____

Referred out test

Bacteriology/Mycology

Specimen & Site _____

Routine Culture & Sensitivity
 Anaerobic
 Mycology
 Salmonella Culture

Sample: Fluff Dust Sponge
 Location: Belt Cages Fans
 Floor Other

Other _____

Parasitology

Fecal flotation
 Fecal Egg Count
 Other _____

Immunology

IHC for Infectious agent

 West Nile Virus antibody
 Other _____

Virology

EM for _____
 NDV serology (HI)

PCR

Avian Influenza - CFIA Accredited test
 Avian paramyxovirus - CFIA Accredited test
 Chlamydia psittaci
 Mycobacterium sp.
 Mycoplasma sp.
 West Nile Virus (tissue)
 Other _____

Toxicology

Cholinesterase
 Mineral Panel #1
 Mineral Panel #4
 Single Element _____
 Strychnine
 Vitamin A
 Vitamin E
 Vitamin A and E
 Other _____

Pathology/Necropsy (* Fill out page 2 - Necropsy Form*)

* Complete Necropsy
 * Histology



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NECROPSY SUBMISSION
(Please fill out page 1 and submit along with this form.)

Clinic/Submitter:	Owner/Farm Name:
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Copy of results to: _____

Number of birds submitted: a) Dead _____ b) Live _____ c) Portions: _____

Source (Hatchery): _____

Flock size: _____ Other Poultry on farm: ____ yes ____ no

If yes, type and source: _____

Feed supplier: _____ Water source: _____

Vaccinations: _____ Medication: _____

Signs of disease:

Other Comments: